



SCHEDULE

CC

Use BLACK INK

Request for a Closing Certificate for Fiduciaries

Wisconsin Department of Revenue

Do not attach to Form 2 (see instructions)

Form with fields: ESTATES ONLY - Legal last name, First name, M.I., Decedent's social security number, TRUSTS ONLY - Legal name, Estate's/Trust's federal EIN, Individual / firm the closing certificate should be mailed to, Attention or c/o, County of jurisdiction, Address, Probate case number, City, State, Zip code, Date of decedent's death (MM DD YYYY)

PART I Information Required When Requesting a Closing Certificate for Estates

Complete 1 through 10 and sign on page 2.

- 1. Does the decedent have a will?
2. Type of probate
3. Was a federal estate tax return (Form 706) filed?
4. If the gross estate plus adjusted taxable gifts was more than \$675,000, was a Wisconsin estate tax return (Form W706) filed?
5. If the decedent did not file tax returns prior to death, state the decedent's approximate income for the past 4 years:
6. Was the decedent contacted by the IRS and/or Wis. Dept. of Revenue in the last 3 years?
7. Is the gross income of the estate less than \$600?
8. Will a final Form 2 be filed at a later date?
9. Is a certificate required by the court?
10. Enter the totals of each of the assets listed below.

Table with columns for asset type (Probate Assets) and value. Includes rows for Real Estate, Stocks and Bonds, Mortgages, Notes, and Cash, Insurance Payable to Estate, and Other Miscellaneous Property.

Table with columns for asset type (Nonprobate Assets) and value. Includes rows for Jointly Owned Survivorship, Decedent's Share of Survivorship Marital Property, Insurance Payable to Named Beneficiaries, Transfers During Decedent's Life, Annuities and Employee Death Benefits, and Other Assets.

L. Wisconsin GROSS Estate (add lines 10a through 10k) .00



PART II Information Required When Requesting a Closing Certificate for Trusts

Complete 1 through 9 and sign below.

1. Enclose a copy of the trust instrument with amendments (will/codicils) and copies of annual court accountings for past three years.
2. a. Name(s) of grantor(s) _____
Social security number(s) _____
- b. Name(s) of grantee(s) _____
Social security number(s) _____
3. On what date was the trust funded? _____
4. Was the trust contacted by the IRS and/or Wis. Dept. of Revenue in the last 3 years? Yes No If Yes, explain:

- 5a. State reason for closing the trust _____

- b. If death of beneficiary, provide name of beneficiary, social security number, last address, and date of death.

6. Have you petitioned the court to close the trust? Yes No
If Yes, enclose a copy of the petition.
If No, explain why no petition has been filed _____

7. Has the trust made an annual accounting to a court? Yes No If No, explain _____

8. Is a certificate required by the court? Yes No See page 14 of the Form 2 instructions
9. Enter the total fair market value of each of the assets listed below that are held by the trust at the end of the year preceding the final year of the trust. **(NOTE** Where any line is left blank, it will be deemed that **NONE** is the **DECLARATION** for that line by the person(s) signing Schedule CC.)

a. Real Estate	9a. _____	.00
b. Stocks and Bonds	9b. _____	.00
c. Mortgages, Notes, and Cash	9c. _____	.00
d. Annuities and Life Insurance	9d. _____	.00
e. Interest in Partnerships, LLCs, and S Corporations . . .	9e. _____	.00
f. Other Miscellaneous Property	9f. _____	.00
g. Total Assets (add lines 9a through 9f)	9g. _____	.00

I, as fiduciary, declare under penalties of law that I have examined this schedule (including accompanying documents and statements) and to the best of my knowledge and belief it is true, correct, and complete.

Your signature	Date	Daytime phone ()
PERSON PREPARING FORM (Individual or firm) if other than the preceding signer Name	Date	Daytime phone ()
Signature of preparer		

Mail to: Wisconsin Department of Revenue
PO Box 8918
Madison WI 53708-8918